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Substitute for Form PTO-875									101	522(054
APPLICATION AS FILED - PART I (Column 1) (Column 2) SMALL ENTITY									OR	OTHER THAN SMALL ENTITY	
FOR		NUMB	NUMBER FILED		ER EXTRA	٦,	'RATE (\$)	FEE (\$)		RATE (\$)	FEE (\$)
BASIC FEE (\$7 CFR 1.16(a), (b), or (c))		1	N/A		N/A ,	7	. N/A			N/A	
	RCH FEE FR 1.16(K), (I), or (m)	,	N/A		N/A	7.	. N/A .			N/A	
EXA	MINATION FEE XFR 1.16(0), (p), or (q)		N/A		N/A	7	N/A		-	N/A	
TOT	AL CLAIMS OFR 1.16(1))		minus 20 =				× 25 =		OR	× 50 =	
	EPENDENT CLAIN OFR 1.16(h))	18	minus 3 =			1	x 105 =			× 210 =	
FEE	LICATION SIZE OFR 1.16(s))	sheets of is \$260 (additiona	If the specification and drawings exceed sheets of paper, the application size fee is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. \$35 U.S.C. 41(a)(1)(G) and 37 CFR 1:16(s						1		
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))							185			370	
*If the difference in column 1 is less than zero, enter *0* in column 2.						-	TOTAL		(, .	TOTAL	
9	APPLIO	APPLICATION AS AMENDED - PART II (Column 1) (Column 2) (Column CLAIMS HIGHEST PRESENTED NUMBER PRESENTED					SMALL E	ADDI-	OR .	OTHER SMALL (RATE (\$)	ADDI-
AMENDMENT /		AFTER AMENDMENT	Minus	PREVIOUSLY PAID FOR	EXTRA	4		TIONAL FEE (\$)			TIONAL FEE (\$)
	Total (37 OFR 1.16(1)) Independent (37 OFR 1.16(h))	. 12	Minus			-	× 25 =		OR'	x 50 =	· · · · · · · · · · · · · · · · · · ·
		Fee (37 CFR 1.1	(37 CFR 1.16(s))				x 105 =	···	OR	x 210 =	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(f))					1	185		OR	370	
							· TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	
		(Column 1)		(Column 2)	(Column 3)	. ·	ADD L PEE		1 011	ADD EFFEE	
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	٦.	RATE (\$)	ADDI- TIONAL FEE (\$)		RATE (\$)	ADDI- TIONAL FEE (\$)
	Total (57 CFR 1.16(1))	•	Minus	**	=]]	x 15 =		OR	× 50 =	
	Independent (37 OFR 1.16(h))	•	Minus	414	Ξ.]	× 105 =		OR	x 210 =	
	Application Size Fee (37 CFR 1.16(s))									237	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 OFR 1.16(1))						185		OR	3 70 N/A	
						•	TOTAL ADD'L FEE		.OR	TOTAĻ ADD'L FEE	
# If the entry in column 1 is less than the entry in column 2, write "0" in column 3. # If the "Highest Number Previously Peld For" IN THIS SPACE is less than 20, enter "20".											

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

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